



# Health Disparities and Aging: A Brief Overview

## Health Surveillance

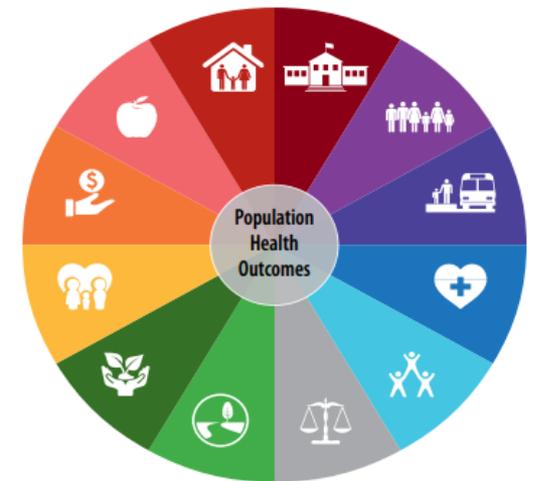
January 2022

# Outline

- Health Equity
- Vermont Adult Demographics
- Vermonters with Disabilities
- Chronic Disease Among Vermonters
- Subjective Cognitive Decline Among Vermonters 45+
- Chronic Disease Among Vermonters with Cognitive Decline
- Modifiable Risk Behaviors Among Vermonters
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- VDH Older Adults Scorecard

# Health Equity

- Exists when all Vermonters have a fair and just opportunity to be healthy – especially those who have experienced socioeconomic disadvantage, historical injustice, and other avoidable systemic inequalities that are often associated with Black, Indigenous and people of color (BIPOC), lesbian, gay, bisexual, transgender and queer (LGBTQ+) Vermonters, people living with disabilities and low-income Vermonters.



# Vermont Adult Demographics

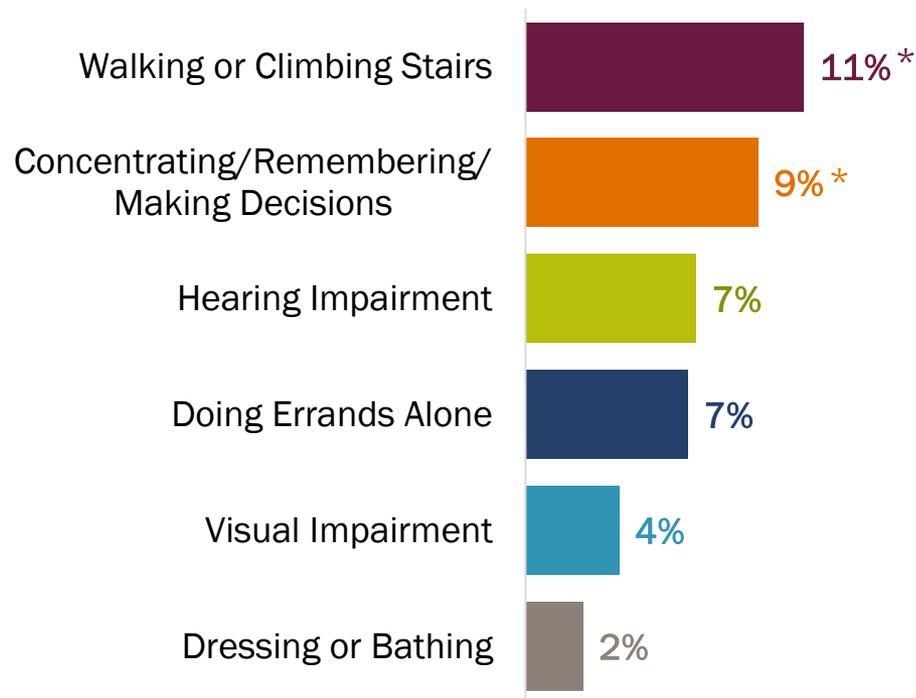
Demographic Characteristics		Percent
<b>Sex</b>	Male	49%
	Female	51%
<b>Age</b>	18-24	13%
	25-44	29%
	45-64	34%
	65+	24%
<b>Education Level</b>	High School or Less	38%
	Some College	29%
	College or Higher	33%
<b>Household Income Level</b>	Low (<\$25K)	22%
	Middle (\$25K-<\$50K)	26%
	High (\$50K-<\$75K)	19%
	Highest (≥\$75K)	33%

# Vermont Adult Demographics

Demographic Characteristics		Percent
<b>Race/ Ethnicity</b>	White	94%
	Hispanic	2%
	Asian, Native Hawaiian Pacific Islander	1%
	Alaskan Native, American Indian	1%
	Multi-racial	1%
	Black	0.8%
	Other race	0.5%
	<b>Sexual Orientation</b>	Heterosexual
Bisexual		4%
Lesbian/Gay		2%
Other sexual orientation		2%
<b>Gender Identity</b>	Cisgender	99%
	Transgender	0.7%
<b>Disability</b>	No Disability	76%
	Any Disability	24%

# Vermonters with Disabilities

- Mobility and cognitive disabilities affect the largest number of Vermont adults.



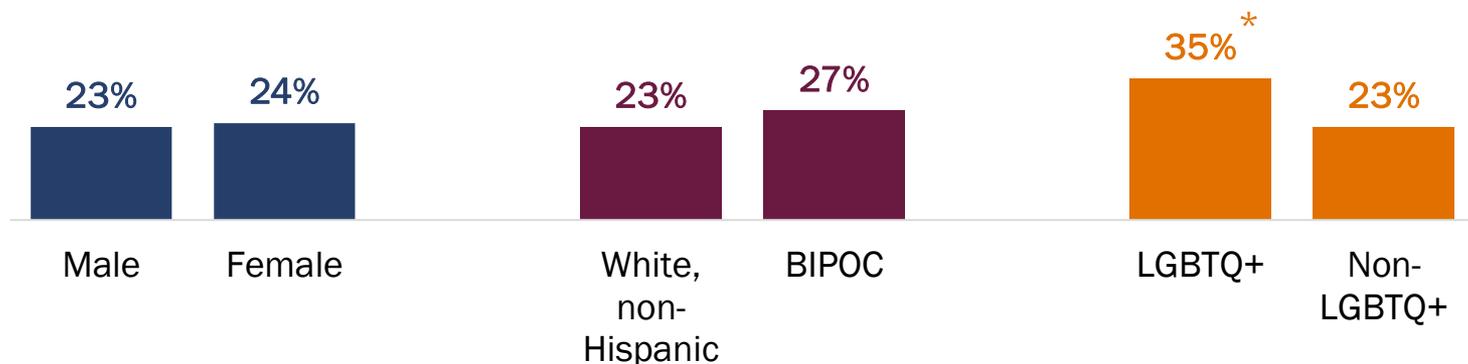
\*Notes statistical difference.

Behavioral Risk Factor Surveillance System, 2019

Vermont Department of Health

# Vermonters with Disabilities

- Overall rates of disability are similar by sex and race/ethnicity, but disparities do exist among specific disabilities.
- Vermont adults who identify as lesbian, gay, bisexual, transgender or other sexual identity (LGBTQ+) have a significantly higher rate of any disability when compared to non-LGBTQ+ Vermonters.



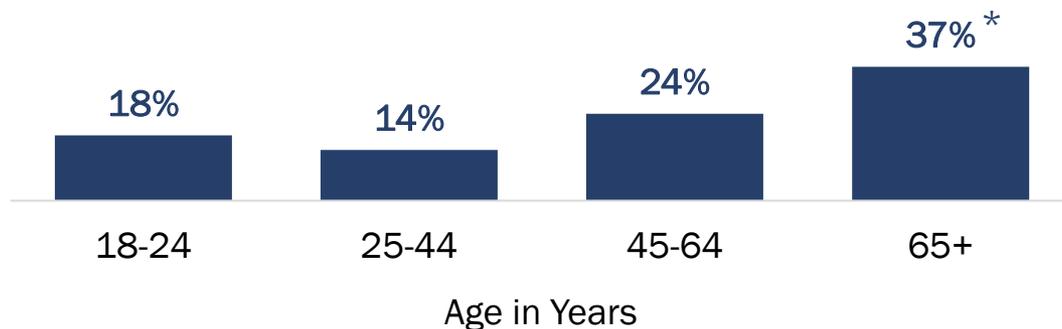
\*Notes statistical difference.

Behavioral Risk Factor Surveillance System, 2019

Vermont Department of Health

# Vermonters with Disabilities

- Vermonters reporting any disability significantly increases with age for adults 65 and older.
  - Mobility, hearing and visual disabilities are the main contributors to this increase in disability with age.
- However, cognitive disabilities are significantly higher among adults 18 to 24 years of age.



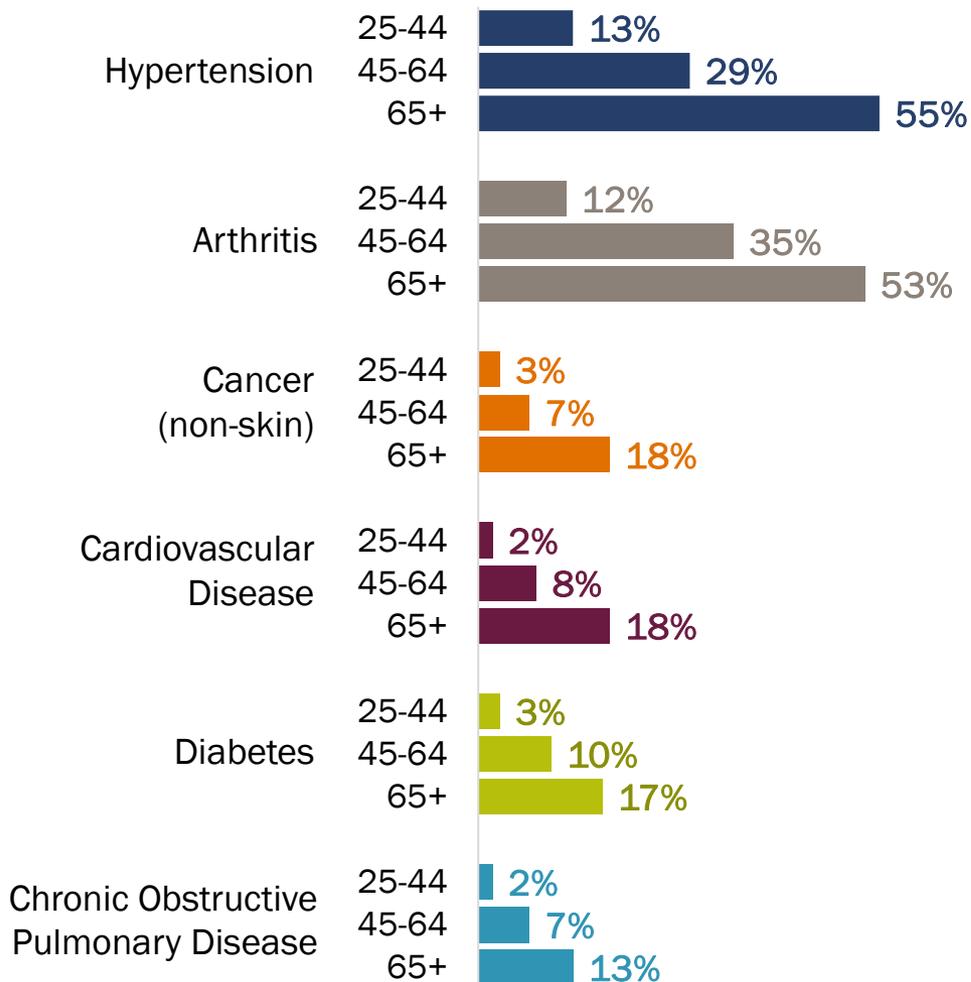
\*Notes statistical difference.

Behavioral Risk Factor Surveillance System, 2019

Vermont Department of Health

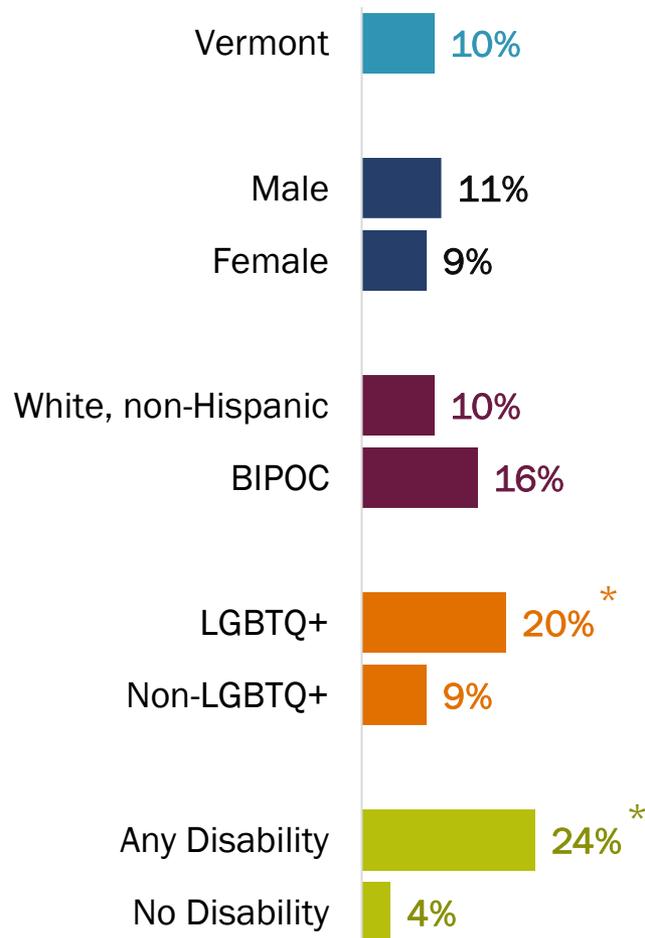
# Chronic Disease Among Vermonters

- The prevalence of certain chronic conditions significantly increases with age.



# Subjective Cognitive Decline Among Vermonters 45+

- One in ten Vermont adults 45 years and older reported they experienced worsening confusion or memory loss in the last year.
- Adults who identify as LGBTQ+ have a significantly higher rate of cognitive decline, compared to non-LGBTQ+ adults.
- Cognitive decline is six times higher among adults with a disability, compared to those with no disability.



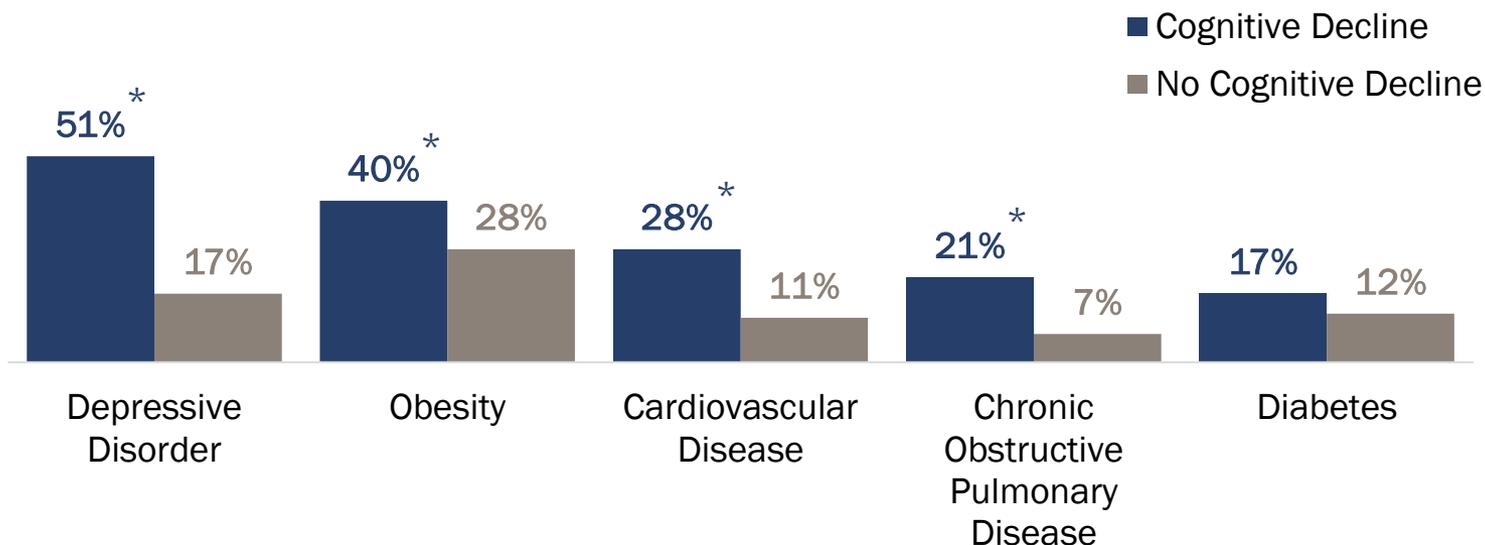
\*Notes statistical difference.

Behavioral Risk Factor Surveillance System, 2016

Vermont Department of Health

# Chronic Disease Among Vermonters with Cognitive Decline

- The prevalence of certain chronic conditions are significantly higher among Vermonters 45 years and older with cognitive decline, compared to those without cognitive decline.

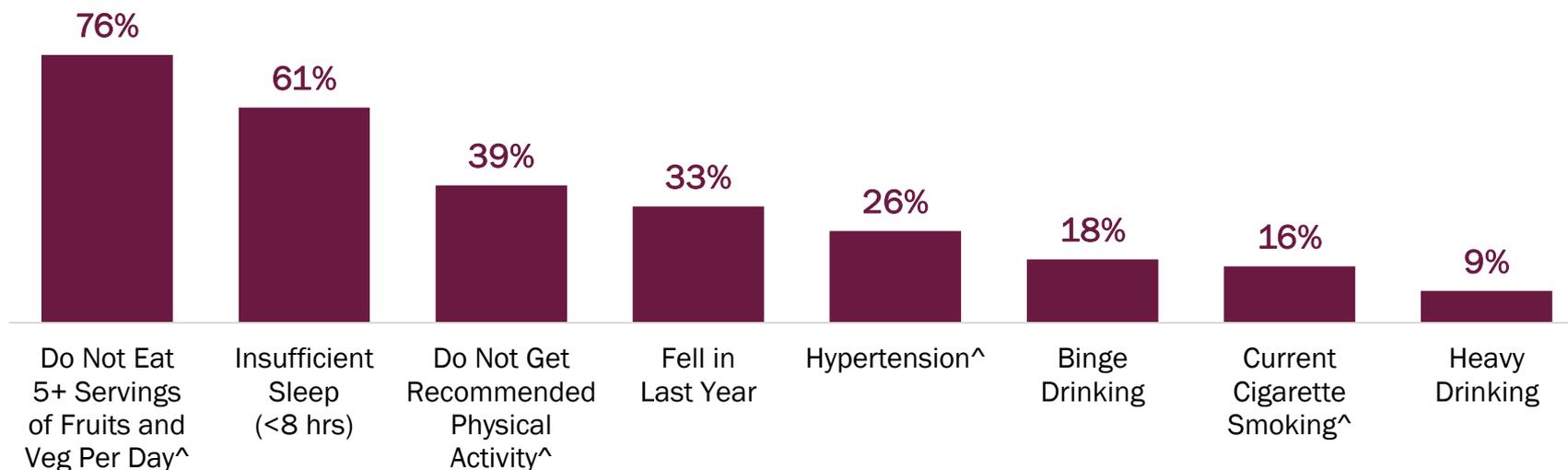


\*Notes statistical difference between those with cognitive decline and those without.

Behavioral Risk Factor Surveillance System, 2016

# Modifiable Risk Behaviors Among Vermonters

- Multiple behaviors, including poor nutrition, insufficient sleep, lack of physical activity, falls, hypertension, excessive alcohol use and tobacco use, lead to increased risk for chronic disease, including dementias.



<sup>^</sup>Data are age-adjusted to the U.S. 2000 population.

Behavioral Risk Factor Surveillance System, 2016/2018/2019

# State Health Assessment 2018

- Populations in focus: Health Inequities Among Vermonters

## Race, Ethnicity & Culture

- Who are Vermonters of Color?**

Vermonters come from a wide range of ethnic, religious and cultural backgrounds. In 2016, 7% or more than 43,000 Vermonters, were people of color. This includes approximately 8,100 Black/African Americans, 2,400 American Indian/Alaskan Natives, 11,300 Asian/Pacific Islander, 11,700 Hispanics, and 11,800 people of two or more racial groups. Since 1994, more than 6,000 refugees have arrived in the state, some of whom are people of color.

- Health Care & Quality of Life**

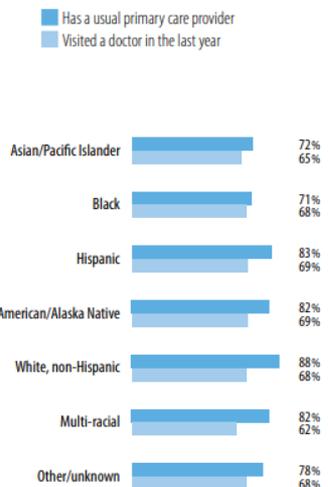
While white Vermonters and Vermonters of color visit the doctor at about the same rate, white Vermonters are more likely to report having a usual primary care provider. Adults who are Native American/Alaska Native and multi-racial are more likely to report fair or poor general health when compared to other races and ethnicities. There are many possible reasons for these differences.

Our partners told us that, as people of color, they do not see themselves represented or respected by the systems that are meant to promote health. They may not have trusting relationships with their providers, or believe that the health care and other systems will understand their needs. Added to that may be experiences of prejudice or being discriminated against by the system meant to serve them. These factors can all lead to chronic stress and worse physical and mental health.

### Access to Health Care

Vermont Behavioral Risk Factor Surveillance System • 2012–2016

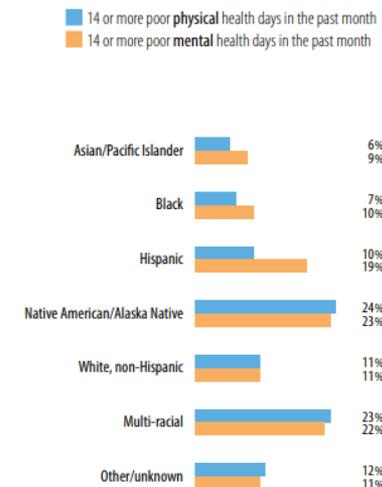
% of adults who report having regular health care



### Quality of Life

Vermont Behavioral Risk Factor Surveillance System • 2012–2016

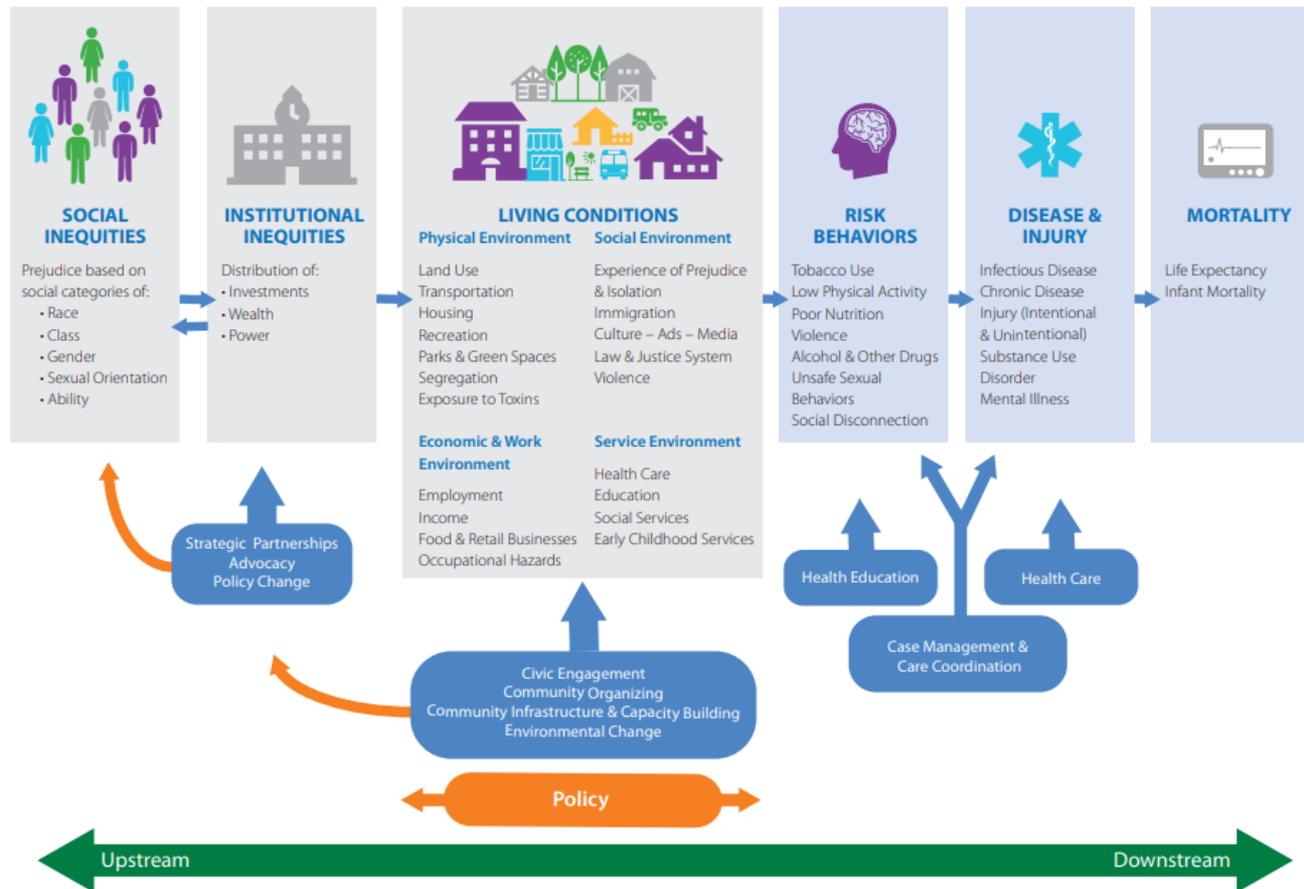
% of adults who report poor physical and mental health



*"Representation is really important, whether it's in a school or in a hospital ... being able to connect to somebody."*

# State Health Improvement Plan 2019-2023

## A Public Health Framework for Reducing Health Inequities



# State Health Improvement Plan 2019-2023

## State Health Improvement Plan • Health Outcomes & Measures

### SOCIAL DETERMINANTS OF HEALTH

#### Vermont creates the social conditions that promote health



	Year	Value
% of food insecure households in Vermont	2017	10%
% of households that spend 30% or more of their income on housing	2017	28%
Average # of public transit trips per resident per year	2016	8
# of people who are homeless (adults and children)	2018	1,291
% unemployed – of population age 16 and older – in the workforce	2017	3%
% of adults with low socioeconomic status who have a usual primary care provider	2017	86%

### CHILD DEVELOPMENT • MENTAL HEALTH

#### Children achieve their optimal development



	Year	Value
% of children age 1-5 who have elevated blood lead levels (5-9 µg/dL venous-confirmed)	2017	1.1%
% of children who have a developmental screening in the first 3 years of life	2016	58%
Of mothers who gave birth in the last year, % with depression during the 3 months before pregnancy, among women in households with incomes below 100% of the Federal Poverty Level	2016	42%
% of adults with children in the home who always or usually get social and emotional support	2016	84%
Of adults with children in the home, % who have depression	2017	26%
% of kindergarteners eligible for free or reduced lunch who are ready for school in all 5 domains of healthy development	2018	74%

### CHRONIC DISEASE PREVENTION • SUBSTANCE USE PREVENTION

#### Communities support healthy living and healthy aging



	Year	Value
% of adults age 18-24 who used marijuana in the last 30 days	2017	28%
% of adults age 65 and older who drink at a level of risk	2017	22%
% of LGBT adolescents in grades 9-12 binge drinking in the last 30 days	2017	18%
% of LGBT adolescents in grades 9-12 who used marijuana in the last 30 days	2017	33%
% of LGBT adolescents in grades 9-12 who used any tobacco product in the last 30 days	2017	25%
% of LGBT adults who currently smoke cigarettes	2017	22%

[Vermont State Health Improvement Plan 2019-2023](#)

# VDH Older Adults Scorecard

Older Adults		Time Period	Current Actual Value	Current Target Value	Current Trend
Improve access to health care for Vermont's older adults					
	Older Adults % of adults age 65 and older who visited a doctor in the last year for routine care	2018	88%	100%	4
	Older Adults % of females age 65 and older who are up to date on a core set of clinical preventive services	2016	38%	55%	1
	Older Adults % of males age 65 and older who are up to date on a core set of clinical preventive services	2016	45%	55%	1
	VDAIL HV2020 Percent of adults age 65 and older with prescription drug coverage	2018	87%	85%	1
Older Adults Improve health for Vermont's older adults		Time Period	Current Actual Value	Current Target Value	Current Trend
	 Fall-related death rate per 100,000 adults age 65 and older	2019	132.6	116.9	1
	Obesity % of households with food insecurity	2018	10%	5%	2
	Injury Fall-related emergency department visits per 100,000 adults age 65 and older	2014	5,452.8	4,951.0	2
	Respiratory Asthma hospitalization rate per 10,000 adults age 65 and older	2015	8.1	9.3	2

# Resources

- **Behavioral Risk Factor Surveillance System (BRFSS)**  
[www.healthvermont.gov/brfss](http://www.healthvermont.gov/brfss)
- **Data Brief - Demographics: Vermont Adults with a Disability**  
[www.healthvermont.gov/sites/default/files/documents/pdf/HSVR-BRFSS-2019-DisabilityDemographics-DataBrief.pdf](http://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR-BRFSS-2019-DisabilityDemographics-DataBrief.pdf)
- **Data Brief - Risk Factors for Subjective Cognitive Decline in Vermonters**  
[www.healthvermont.gov/sites/default/files/documents/pdf/HSVR-BRFSS-SubjectiveCognitiveDecline-DataBrief.pdf](http://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR-BRFSS-SubjectiveCognitiveDecline-DataBrief.pdf)
- **Data Brief – 3-4-50 Vermont: Chronic Disease and Cognitive Decline**  
[www.healthvermont.gov/sites/default/files/documents/pdf/hpdp\\_3-4-50\\_Statewide\\_Data\\_Brief\\_Cognitive\\_Decline\\_092618\\_HS\\_final.pdf](http://www.healthvermont.gov/sites/default/files/documents/pdf/hpdp_3-4-50_Statewide_Data_Brief_Cognitive_Decline_092618_HS_final.pdf)
- **VDH Brain Health, Alzheimer’s Disease and Dementia Webpage**  
[www.healthvermont.gov/wellness/other/brain-health-alzheimers-disease-and-dementia](http://www.healthvermont.gov/wellness/other/brain-health-alzheimers-disease-and-dementia)
- **Vermont State Health Assessment 2018**  
[www.healthvermont.gov/about/reports/state-health-assessment-2018](http://www.healthvermont.gov/about/reports/state-health-assessment-2018)
- **Vermont State Health Improvement Plan 2019-2023**  
[www.healthvermont.gov/about-us/how-are-we-doing/state-health-improvement-plan](http://www.healthvermont.gov/about-us/how-are-we-doing/state-health-improvement-plan)
- **Vermont State Health Improvement Plan Scorecard**  
[www.healthvermont.gov/about/performance/state-health-improvement-plan-2019-2023-scorecard](http://www.healthvermont.gov/about/performance/state-health-improvement-plan-2019-2023-scorecard)
- **Older Adults Scorecard**  
[www.healthvermont.gov/scorecard-older-adults](http://www.healthvermont.gov/scorecard-older-adults)